

1574

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 121	
County of <u>Yuma</u>	District of <u> </u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Maricopa</u>	or City of <u> </u>	Co. Register No. <u>24</u>	
(No. <u> </u>)		Local Registrar's No. <u> </u>	
FULL NAME OF CHILD <u>Mary Francis Row</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and <u> </u>	Number in order of birth <u>1</u>
Legitimate? <u>Y</u>		Date of Birth <u>Jan 17</u> 191 <u>7</u>	
Full Name <u>Robert Clinton Row</u>		Full Maiden Name <u>Jesse Henderson</u>	
Residence <u>New Mexico</u>		Residence <u>Maricopa</u>	
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>New Mexico</u>		Birthplace <u>Texas</u>	
Occupation <u>Professional Man</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
hereby certify that I attended the birth of the above child; and that it occurred on <u>Jan 17</u> 191 <u>7</u> , at <u>10:40</u> P.M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Charles E. Brown M.D.</u>	
Given or Christian name added from a Supplemental report <u> </u> 191 <u> </u>		(Attending physician, midwife, householder.)* <u> </u>	
445-10-195		Address <u>Maricopa Arizona</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Jan 20</u> 191 <u>7</u>		A True Copy	
Filed <u>Feb 6</u> 191 <u>7</u>		COUNTY REGISTRAR.	